

DRUG AND ALCOHOL TESTING ACKNOWLEDGMENT FORM

FOR OFFICIAL USE ONLY (See USMEPCOM Reg 40-8)

1. I acknowledge that I have been informed that all statements apply to my medical and administrative processing as performed by the United States Military Entrance Processing Command (USMEPCOM) or other approved organization or agency. Examination processing includes drug testing consistent with Department of Defense (DoD) and USMEPCOM policy and may include, without limitation, tests for alcohol, amphetamines, marijuana, and cocaine. Other drug testing may be performed as specified by policy.
2. I hereby consent: to submit to a breathalyzer and urinalysis, and/or other drug test methods, to the collection and forwarding of any specimen(s) to the testing laboratory(ies), and to the reporting/release of results to all parties as defined in USMEPCOM policy. If I fail or refuse to provide the necessary specimen(s), I understand that this may cause me to be found disqualified for further processing.
3. If I am processing for a position with the DoD, and if I were to test positive for any drug or drugs, I understand that a positive test constitutes use of that substance and that:
 - a. I will be found disqualified for military service in accordance with DoD and USMEPCOM policies; the Services may elect to enforce stricter disqualification policies.
 - b. I will have actions taken on my file based upon the positive results, even if a specimen were collected when not specifically required.
 - c. I will be disallowed continued processing for any Service in accordance with the appropriate standards; I may be found permanently disqualified, or my sponsoring Service may inform me if and when I may become eligible to provide subsequent specimen(s) for drug testing.
4. If I am processing for a position outside the DoD, I understand that other rules or standards may apply.
5. I understand that I may be notified by mail of the positive test result(s), and I am responsible for providing an accurate, current mailing address for receipt of such notification. If I am a minor, I understand that positive test results may be forwarded to my parent or guardian in accordance with USMEPCOM policy.
6. I understand that, in some instances, such as a sample being damaged during shipment, if I do not receive notification by mail of positive test results, I cannot assume that my test results are negative; also, due to the nature of the testing protocols, a negative test does not necessarily mean that no drug or drug metabolite was found.
7. As part of my processing, I must provide a specimen under direct observation by Military Entrance Processing Station (MEPS) employees. I am also required to complete forms and verify the accuracy of information on documents and my drug specimen bottle. If I were to sign documents or initial bottle labels with incorrect information without challenging them or leave the MEPS without filing a formal complaint with the MEPS Commander (or other MEPS officer), I acknowledge that I accept the results without further rebuttal.
8. All test results will be documented in my medical record and in DoD computer records; positive results will not be removed from computer records or medical forms, even at the end of a disqualification period or upon receipt of subsequent negative results. Information I provide about drug and alcohol use and my test results may be used as evidence in punitive or administrative actions, including cases of fraudulent enlistment (Article 83, UCMJ if applicable), or to contradict any future statements I make about drug or alcohol use, abuse, or dependency.
9. I understand that this document applies to any specimen(s) provided from this date forward. I acknowledge that I have carefully read this document and fully understand its contents. I acknowledge that my signing of this form is voluntary and without any coercion by anyone. My signature indicates that I understand the drug testing requirements, use of all results, and consequences of positive results.

Print First, Middle, and Last Name

Social Security Number

Signature

Date

